# RGM

JOB WORK ORDER

#### Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002

Arrived on job A.M. / P.M. MECHAN	C HELPER	DATE
Left job A.M. / P.M.		12/13/00
JOB NAME TE Operation Su	JOB PHONE	7
ADDRESS	pport	
		☐ LATE NIGHT
CITY Hicksuille		☐ HOLIDAY
BILL TO 7	PHONE	
ADDRESS DIE Waters		
AUDRESS		□ NEW
		☐ REFERRAL ☐ REPEAT
		· <u> </u>
PUMPING		
CHEMICALS		
LINE CLEANING		
SINK TUB TOILET		
LABOR		
OTHER		
	SUB TOTAL	
Purchaser shall provide access to job site. It shall be the obligation	TAX	
of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible	TOTAL	
for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for pay-	DATE PAID	
ment of contract amount.	CHECK NO.	
NET 10 DAYS 11/0/ Co. 1. Classical and a decide According	AMT. REC'D.	
NET 10 DAYS. 11/2% Service Charge per Month on Overdue Accounts.	CASH M.C	. 🗆 VISA 🗀 LEFT BILL
GENERATOR SIGNED STATEMEN		
I,, hereby affirm that I am ( Sewage Disposal Facility (septic tank/leaching facilities) located a		
(1). That the facilities to be pumped contain only sanitary sewage; the Suffolk County Department of Health or the Nassau County	(2). That I have	not been notified by
system pumped by a licensed industrial hauler. That neither I nor employ have added any chemical solvent waste or industrial was	any person in	my family or in my
pumped and that I make this Statement knowing that the waste will	Il be disposed of	at a Municipal Sep-
tage Treatment Facility and that in the event that any chemical sany kind have been added, legal action may be undertaken by	pivent waste or the appropriate	industrial waste of regulatory agency
against any or all parties involved. "I, hereby affirm under penalty of perjury that information provide.		
my knowledge and belief. False statements made herein are punish	able as a Class	A misdemeanor pur-
suant to Section 210.45 of the Penal Law".	red C	Sucure
Custome	r'e Signature	Date

· <b>1</b>	hand of a section of the grant of the section of th
FAC I.D. # 7002738  MID ISLAND JALVAGE CORP.  1007 Long Island Avenue Deer Park, NY 11729  (631) 667-5040	FAC I.D. # 7002738  MID ISLAND SALVAGE CORP.  1007 Long Island Avenue Deer Park, NY 11729  (631) 667-5040
CUSTOMER NAME:	CUSTOMER NAME:
ID#: 3325 11:58:55 Fri 12/13/02 36380 Wt. (IN)	ID#: 3321 11:38:07 Fri 12/13/02 69120 Wt. (IN)
11:56:02 Fri 12/13/02 36360 Gross 36360 Tare 0 Net	11:38:13 Fri 12/13/02 69120 Gross 69120 Tare 0 Net
Thank you for your scrap	Thank you for your scrae
HAVE A NICE DAY!!	HAVE A NICE DAY!!
*MATERIAL:	MATERIAL:
· · · · · · · · · · · · · · · · · · ·	\ ·

REMARKS:

REMARKS:

Fon	n d	esigned for use on eithe (12-pitch) typewriter.)		<i>y</i>	344			11 T. "N		
		NON-HAZARDOUS  WASTE MANIFEST  1. Generator's US EPA ID	1.7	nifest Doc. No.	2. Page of	1	Z/-	/		
		Generator's Name and Mailing Address / Sire Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, Generator's Phone (516) 932-9157	NY	· · · · · · · · · · · · · · · · · · ·	Stat	e Trai		ter's	ID#	
	5.	Transporter 1 Company Name 6. Waste Management of Long Island	US EPA ID Num			sporter's Pt		66		
	7.	Transporter 2 Company Name 8.	ŲS EPA ID Numi	ber	B. Tran	sporter's P	hone	· ·		
	9.	Designated Facility Name and Site Address 10.  Earthcare Company of New York  972 Nicolls Rd.  Deer Park, NY 11729	US EPA ID Numi		, .	ty's Phone  586-		Э	-	
	11	. Waste Shipping Name and Description				12. Conta	Type	13, Total	, T <sub>v</sub>	14. Unit Vt/Vol
	a.	Non Hazardous Waste Solids - N816								
GENER	b.									
R A T O R	c.	**	· )	·¥*	<i>(</i> -					7
	d.				}		1			
	D.	Additional Descriptions for Materials Listed Above		* \$	E. Hand	ling Codes	for Was	tes Listed Al	pove	
		Special Handling Instructions and Additional Information  Approval Code - ECBW-01  Generator Emergency Phone: (972) 718-48	06 - Jean Ag	gostinell	.1	,	·			
	16	GENERATOR'S CERTIFICATION: I certify the materials described above on the	is manifest are not subject	t to federal regula	tions for re	porting prop	er dispos	al of Hazardo	us Waste	e.
<b>V</b>		Printed/Typed Name/	Signature					Month // /	Day	Year
Ţ	17	. Transporter 1 Acknowledgement of Receipt of Materials						Y	***************************************	
TRANSPORTER		Printed/Typed Name	Signature		And the second second		-	Month .	Day ·	Year
ရှိ	18	Transporter 2 Acknowledgement of Receipt of Materials	<u> </u>					<i>3</i>		
T E R		Printed/Typed Name *	Signature					Month .	Day	Year
FACI		Discrepancy Indication Space	·.	e <sup>2</sup> de			»·			
L I T	20	Facility Owner or Operator: Certification of receipt of waste materials covere	d by this manifest exce	ept as noted in It	em 19.					
Y		Printed/Typed Name	Signature	200	A. 1. 1. 1.	er (		Mojnth	Day!	Year

T/S/D/F COPY

-#12:BLS-C5 Rev. 12/98

## RGM

JOB WORK ORDER

Liquid Waste Removal an EarthCare Company

972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002 156578

Arrived on job	HELPER	12/262
JOB NAME OTE	SIG-9	32-9/57
140 CANTIAGUE FOCE RD		□ LATE NIGHT □ SUNDAY □ HOLIDAY
BILL TO BIGGATER	PHONE	
ADDRESS		□ NEW □ REFERRAL □ REPEAT
PUMPING		
CHEMICALS MON-HAZWAS	15 15	
LINE CLEANING SOO		
SINK TUB TOILET		
LABOR CORIGINATIONS		
OTHER		
	SUB TOTAL	
Purchaser shall provide access to job site. It shall be the obligation	TAX	
of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible	TOTAL	
for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for pay-	DATE PAID	
ment of contract amount.	CHECK NO	
NET 10 DAYS, 11/2% Service Charge per Month on Overdue Accounts.	AMT. REC'D.	. O VISA DLEFT BIL
OFNIERATOR CICAIGN CTATEMENT	-	
I,, hereby affirm that I am the Sewage Disposal Facility (septic tank/leaching facilities) located at	ne owner, or us	of the invoice and:
(1). That the facilities to be pumped contain only sanitary sewage; (2 the Suffolk County Department of Health or the Nassau County D system pumped by a licensed industrial hauler, That neither I nor employ have added any chemical solvent waste or industrial waste pumped and that I make this Statement knowing that the waste will tage Treatment Facility and that in the event that any chemical sol any kind have been added, legal action may be undertaken by the against any or all parties involved.  ''I, hereby affirm under penalty of perjury that information provided my knowledge and belief. False statements made herein are punished suant to Section 210.45 of the Penal Law'	epartment of any person in is of any kind be disposed of went waste or he appropriate on this form i	Health to have this my family or in my to the facility to be fat a Municipal Sepindustrial waste of a regulatory agency strue to the best of
Cart omet	s Signature	Date

JM JM	MID ISLAND SALVAGE CORP.  1007 Long Island Avenue Deer Park, NY 11729  (631) 667-5040	
CUSTOMER	NAME: 2 5 M	
		P.C. state in Comment of the Comment
	,	and the second s
	ID#: 3279 13:13:58 Thu 12/12/02 72900 Wt. (IM)	enter of the state
	13:14:04 Thu 12/12/02 72900 Gross 72900 Tare O Wet	Aministratum volida on constituinte de la cidade de la cidade de constituinte de la constituinte de la cidade de
	Thank you for your schap	And the spice of the said
	HAVE A NICE DAY!!	Marin Statement Comments
		and all manufactures and an extension of the same of t

REMARKS:

FAC I.D. # 70 4 JS7	MID ISLAND SALVAGE CO 1007 Long Island Avenue Deer Park, NY 11729 (631) 667-5040	RP.	TICKET <b>1896</b>
CUSTOMER N	AME: ZGM		
1			
	,		
	ID#: 3282 13:45:05 Tnu 12/12/02 35380 Wt. (IN)		
	i3:45:11 Thu 12/12/02 35380 Gross 35380 Tare O Net		
	Thank you for your scrap		
	HAVE A NICE BAY!!		
MATERIAL:		15 = 4	·
REMARKS:			

	aga kilika di kacamatan kana di kacamatan kilika kilika di kana di kana di kana di kana di kana di kana di kana Mangangan kana di kana									
	NON-HAZARDOUS WASTE MANIFEST	1. Generator's US	EPA ID No.		Manifest Doc. No. NH-002	2. Page of	1 U	151	540	
1	3. Generator's Name and Mailing Address / Sit GTE Operations Support 140 Cantiague Rock Rd.	e Location Incorpora	ted			Stat	e Tran	ispoi	rter's ID#	
	4. Generator's Phone (516) 932-9157						1A-(			
	5. Transporter 1 Company Name Waste Management of Long I	i		JS EPA ID N		i	porter's Ph 16) 35		466	
	7. Transporter 2 Company Name			JS EPA ID N		B. Trans	sporter's P	hone		
	Designated Facility Name and Site Address  Forth core (Company) of Norry		10. L	JS EPA ID N	umber	C. Facili	ty's Phone		- / "	7
	Earthcare Company of New Y 972 Nicolls Rd. Deer Park, NY 11729	ork I				(631	) 586-	-0002	2	
	11. Waste Shipping Name and Description				*		12. Conta	iners Type	13. Total Quantity	14. Unit Wt/Vol
	a. Non Hazardous Waste Solids	- N816							15 cad	
GEN	b. ' '								394	
E R				· · · · · · · · · · · · · · · · · · ·						
A T O R	c.				`					
	d.									
	D. Additional Descriptions for Materials Listed Abov	e				E. Hand	lling Codes	for Was	stes Listed Above	<u> </u>
	15. Special Handling Instructions and Additional Info	mation		***************************************						٠.
	Approval Code - ECBW-01									
	Generator Emergency Phone	: (972) 71	8-4806	- Jean	Agostine1	1i				
	16 CENEDATOR'S CERTIFICATION.	notoriolo de celle de la	wo on this	M	Diect to federal regul	ations f	nortice	or dic	and of Wayners 141-	cto
	Printed/Typed Name	increments described abo	Sign	1 11 7	11 Allen	auoris for re	shound brot	ver urspe	Month Day	
T R	17. Transporter 1 Acknowledgement of Receipt of N	laterials	V		WW 7				1/-21/-/	<u>                                     </u>
ANSP	Printed/Typed Name R. Rothenbar	0	Sign	ature	tenh	1-			Month Day	Year  ८८
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of M Printed Typed Name P	laterials	Sign	ature		7			Month Day	I Year
Ŕ	19. Discrepancy Indication Space			77	The Contract of the Contract o				1/2/12	-1-2
F A C I			•							
1 - T Y	20. Facility Owner or Operator: Certification of recei	pt of waste materials	s covered by t	his.manifest	except as noted in	Item 19.	1.			* .* *
Y	Printed/Typed Name  The Control of t	and he	Sign	LRey	ے ہوں	Sele	was		Month Day	Year

ORIGINAL - RETURN TO GENERATOR

Plea (For	150 15 1	signed for use on elite (12-pitch) typewriter.)									
		NON-HAZARDOUS	1. Generator's US EPA II	O No.	Manifest Doc. No.		1	. 1	and cons		
		WASTE MANIFEST	l		NH-003	of		₹/:	133		
1	3.	Generator's Name and Mailing Address / S GTE Operations Support In				Stat	e Trai	esno	rter's	më	
		140 Cantiague Rock Rd., H	~				1A-4			en also go	
	4.	Generator's Phone (516) 932-9									
	5.	Transporter 1 Company Name	6.	US EPA ID N	umber	A. Trans	porter's Ph	ione			
		Blue Water Environmental,	Inc.				631)		2145		
	7.	Transporter 2 Company Name	8.	US EPA ID N	umber	B. Trans	porter's Pi	hone			
			,							***********************	
	9.	Designated Facility Name and Site Address	10.	US EPA ID N	umber	C. Facilit	y's Phone				
		Earthcare Company of New	York	arajos de la composição d		(63	1) 580	ر ادر ا	0.2		
		972 Nicolls Rd.	88	ε		100	2/ 30.	9 00	LS die		
	44	Deer Park, NY 11729  . Waste Shipping Name and Description					12. Conta	iners	13.		14.
	11	. waste Shipping Name and Description					No.	Type	Total Quantity	\	Unit Wt/Vol
	a.							- 7,5			À.,.
		Non Wazardous Waste Solid	s - N816		\$2	nan-nan-nan-nan-nan-nan-nan-nan-nan-nan			15	Ya	(0)
									*	·	
G E N	b.									-	
N						200				-	
ERATOR								OURCESO CONTRACTOR OF THE PARTY			
A T	C.									- Constitution of the Cons	
R R	46										
18	d.		**************************************					ORDINAL PROPERTY OF THE PROPER			
			for a formal for	i de la serie		* 1	Non 9		rfg		
H,											
Ŧ	D.	Additional Descriptions for Materials Listed Above	/e			E. Handi	ing Codes	for Was	stes Listed Ab	ove	
	15	. Special Handling Instructions and Additional Info	ormation								
		a Sain Samurah Marana and A			ĝ.						
		Approval Code - ECSW-01									
		Generator Emergency Phone	· (072) 7196	gna T_	an Acontin	.114					
		ociicamera miser Serre'y amuric	• (3/2) /10-4	000 - 3e	m agvetti	er de de de					
				. 1	1. /\ ·						
	16	. GENERATOR'S CERTIFICATION: I certify the r	naterials described above on th	nis månifest ave not su	bjedt to federal regula	ations for re	porting prop	er dispo	sal of Hazardou	s Waste	e.
		Printed/Typed Name	?	Signature	Tally	V j			Month	Day	Year
٧		TI-E LUEWI	<u> </u>	- V 34 (# /)		<i></i>				<u>/.</u> [	42
Ŗ	17	. Transporter 1 Acknowledgement of Receipt of N	laterials	T	<i>\4//</i>	2_4_	anne de la companya del companya de la companya del companya de la				
TRANSPORTER		Printed/Typed Name	, Po	Signature.	b(		8 ** <sub>F</sub>		Month V	Day /	Year
200	10	. Transporter 2 Acknowledgement of Receipt of N	Interiolo					***************************************	13 Car I		ti was
Ř	10	Printed/Typed Name	idialidia	Signature			***************************************		Month	Day	Year
ÈR		, miles Types Hallie		J. G. G. Land							
	19	Discrepancy Indication Space	Можно в поставления в пост В поставления в поставлени	МеН (на местно сторо с общо до регородиција (на до не остого се обосно на постого на обосно на обосно на обосн На пред на пре	anne de la company de la compa	<del>alektearren autoarren erra</del> nen	and the second s	nosenimonenii <sup>20</sup> 44-l	vininini dalah masa Serina masa mengenjakan pendalah mendilah	3.W.M.M.M.M.M.M.M.M.M.M.M.M.M.M.M.M.M.M.	
F											
AC											00000
								***************************************			
L	20	. Facility Owner or Operator: Certification of recei	pt of waste materials covere	ed by this manifest e	xcept as noted in It	em 19.					
Y		Printed/Typed Name		Signature. ~	(streets-server)				Month	Day	Year
		TCACEY Salam	V 1 8	J. P. C.	ey Se	U.S.	4		1 3	l	
١	l			1					l		لـــا

Printed by J. J. KELLER & ASSOCIATES, INC. Neenah, WI 54957-0368

12-BLS-C5 Rev. 12/98

#### JOB WORK ORDER

## RGM

# Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002 156626

Arrived on job A.M. / P.M.	MECHANIC	HELPER	DATE
Leftipb A.M./P.M.			/ /
JOB NAME GWE Oporgion		PHONE >	1)(
ADDRESS Cantiague Book	nd		☐ LATE NIGHT
CITY	170		SUNDAY
Hicksville			HOLIDAY
BILL TO MOSER FALLINA	Monte 1	PHONE (-)	257-2145
ADDRESS	10111	<u> </u>	100131
1610 Wew Highway	·		□ NEW □ REFERRAL
Larmhadale N	11)	135	REPEAT
PUMPING	· · · · · · · · · · · · · · · · · · ·	<del>-                                    </del>	
		t	
CHEMICALS	7		
Jar	<b>)</b>		
LINE CLEANING			
SINK TUB TOILET			
LABOR			
OTHER			
		t	
	sul	TOTAL	
Purchaser shall provide access to job site. It shall be the obl	ligation	TAX	
of the Purchaser to inform the Service Company of any at	pove or	OTAL	
below ground or hidden perils. The Seller shall not be resp for damage above or below ground to property or hidden	perils.	U	
Signor assumes liability representatively and personally from ment of contract amount.	o. pay	E PAID	
		CK NO  . rec'd	
NET 10 DAYS. 11/2% Service Charge per Month on Overdue A	ccounts.		O VISA O LEFT BI
GENERATOR SIGNED ST	ATEMENT		
I, 100 , hereby affirm the	at I am the ov		
Sewage Disposal Facility (septic tank/leaching facilities) (1). That the facilities to be pumped contain only sanitary so			
the Suffolk County Department of Health or the Nassau	County Depar	tment of H	ealth to have this
system pumped by a licensed industrial hauler, That neith employ have added any chemical solvent waste or industrial	ner i nor any   rial wastes of	any kind to	the facility to be
pumped and that I make this Statement knowing that the w tage Treatment Facility and that in the event that any che	aste will be di	sposed of a	rt a Municipal Sep
any kind have been added, legal action may be underta	ken by the a	ppropriate	regulatory agency
against any or all parties involved.  "I, hereby affirm under penalty of perjury that information	provided on t	his form is	true to the best of
my knowledge and belief. False statements made herein are suant to Section 210.45 of the Penal Law".	e punishable a	s a Class A	misdemeanor pur
10	M		_
1/ 0	ustomar's Sig	natura	Date

FAC I.D. # 700	02738	IAC 1.0. # /0		
	MID ISLAND SALVAGE CORP.  1007 Long Island Avenue Deer Park, NY 11729 (631) 667-5040		1007 Long Island Avenue  Deer Park, NY 11729  (631) 667-5040	3924
CUSTOMER NAM	ME:	CUSTOMER NA	ME:	
•			- Lyht-	_
	ID#: 951 14:07:41 Mon 02/03/03 56080 Wt. (IN)	and and the state of the state	ID#: 926 09:31:38 Mon 02/03/03 36080 Wt. (IN)	
	14:07:47 Mon 02/03/03 56080 Gross 56100 Tare -20 Net		09:31:46 Mon 02/03/03 36080 Gross 36080 Tare 0 Net	÷
	Thank you for your scrap  HAUE A NICE DAY!!		Thank you for Your scrap HAVE A NICE DAY!!	
MATERIAL:	<b>*</b>	MATERIAL:		
REMARKS:		REMARKS:		
e e	<b>}</b>		·	

OECBW-UI

			•	EC	- BC	- (ب	-01	
*	and the state of t		***					
***	NON-HAZARDOUS  1. Generator's US  WASTE MANIFEST		Manifest Doc. No.	2. Page of	1 .   .	£ 1.	123	
1	Generator's Name and Mailing Address / Site Location GTB Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, Generator's Phone (516) 932-9157			Stat	a Tra		rter's ID	<b>#</b> .
	Transporter 1 Company Name  Blue Water Environmental, Inc.	6. US EPA ID I			porter's Pl		2145	Jane &
**	7. Transporter 2 Company Name	8. US EPA ID I			porter's P			) <b>.</b>
	Designated Facility Name and Site Address	10. US EPA ID I	Nu <b>m</b> ber	C. Facilit	y's Phone	· · · · · · · · · · · · · · · · · · ·		-
	Earthcare Company of New York 972 Bicolls Rd.	- T		(63	1) 58	6-00(	)2	
	Deer Park NY 11729  1. Waste Shipping Name and Description				12. Conta	ainers	13.	Т
	T. Waste Chipping Name and Description				No.	Туре	Total Quantity	N
	Non Hazardous Waste Solids - H816		<b>*</b>			*	15 7	
E								
ERATO								
R	to the second		· · · · · · · · · · · · · · · · · · ·	-				· 10 次 表示的
1	D. Additional Descriptions for Materials Listed Above			E. Hand	ing Codes	for Was	ites Listed Above	75.7
								3.16
	15. Special Handling Instructions and Additional Information		j <b>k</b> s			1		
	Approval Code - ECEN-01  Generator Emergency Phone: (972) 7	18-ARA 1m	an Agostin	.114		Jel.		
a torrest								
	16. GENERATOR'S CERTIFICATION: 1 certify the materials described ab  Printed/Typed Name	ove on this manifest are not s	subject to federal /egula	ations for re	porting prop	er dispos	sal of Hazardous W.  Month Day	7 70
1	A. E. Lindwig		1 JANA	/			100/	ال
R	17. Transporter 1 Acknowledgement of Receipt of Materials	Cianat A 1 A	1/		N-85		A STATE OF THE STA	
AZWPORT-ER	Printed/Typed Name 1. 18. Transporter 2 Acknowledgement of Receipt of Materials	Signature	MA CA	<del>*************************************</del>	\$	(astrolo	Month Day	<u>'C1</u>
RTER	Printed/Typed Name	Signature					Month Day	, 1
-	19. Discrepancy Indication Space							
£   z	20. Facility Owner or Operator: Certification of receipt of waste material	ls covered by this manifest	except as noted in	em 19.		ţ .		
Ý	Printerd/Typed Name TCACE/Salanune	Signature	uce, St	le	ca d		Month Day	y Wi

T/S/D/F COPY

3		int or type signed for use on elite (12-pitch) typewriter.)									
-82		NON-HAZARDOUS	1. Generator's US EF	PA ID No.	Manifest Doc. No.	2. Page	1	1			
		WASTE MANIFEST			NH-004	of	$\mathbb{R}^{2}$	101	1/2		
A	3.	Generator's Name and Mailing Address / 5	te Location				——————————————————————————————————————	<i>A</i>		~~~~~~~	
P		GTE Operations Support Inc	corporated			Sta	te Tra	aspo	rter's	ID#	
		140 Cantiague Rock Rd., Hi		Y			1A				
	4.	Generator's Phone (516) 932-91									
200	-	Transporter 1 Company Name	6.	US EPA ID	Mumbar	A Tron	sporter's Ph			***************************************	
Name of the last	J.						(631)		2145		
	-	Blue Water Environmental,				ļ			tion the "V aff		
THOMEOUR	/.	Transporter 2 Company Name	8.	US EPA ID	Number	B. Iran	sporter's Pi	none			
-	-										
-	9.	Designated Facility Name and Site Address	10.	. US EPA ID	Number	C. Facil	ity's Phone				
and a second		Earthcare Company of New Y	ork/				***	* **	**		
-		972 Nicolls Rd.				(0	31) 58	6-UU	VZ.		
		Deer Park, NY 11729									
	11.	Waste Shipping Name and Description					12. Conta	iners	13. Total		14. Unit
							No.	Туре	Quantity	,	Wt/Vol
NO. AT LANS	a.										
		Non Hazardous Waste Solids	- W816								
**************************************	-	MALVE PACEN CAVEAUS SCALE	2 140 F A								
G	b.	g F						income control in the			
E											
E											
GENERAT	C.								POR CONTRACTOR CONTRAC		
T											
OR											
Charles and Charles	d.								***************************************		
2000000000		ÿ		ş - 1			1.5	*			
damona		* * * * * * * * * * * * * * * * * * * *	375					,			
-	D.	Additional Descriptions for Materials Listed Above	3			E. Hand	dling Codes	for Was	stes Listed At	ove	
-											
-											
4											
- Cartesian Contraction	-	v				1					
ORANGE STORES	15.	0	,,,								
		Special Handling Instructions and Additional Infor	mation								
- 8			mation			<b>.</b>			Mikalah dakan di Mari Agiri dakah di Amerikan ang inanggan panggan panggan		
***************************************		Special Handling Instructions and Additional Infor	mation			I					
OUTS AND DESCRIPTIONS OF THE PERSONS		Approval Code - ECEW-01									
POTRICIO DE LA COMPONICIO DELICIO DELICIO DE LA COMPONICIO DE LA COMPONICIO DE LA COMPONICIO DELICIO DELICIO DELICIO DELICIO DE LA COMPONICIO DELICIO DELI				-4806 - J	ean Agostin	011					
PODICI CALLACTER DE LA CALLACT	Add to the state of the state o	Approval Code - ECEW-01		-4806 - J	ean Agostin						
осново полительной восновной восновной восновной восновной восновной восновной восновной восновной восновной в	7	Approval Code - ECBW-01  Generator Emergency Phone	: (972) 718								
economica e e en estado e en entra estado en entra	16.	Approval Code - ECBW-01  Generator Emergency Phone: GENERATOR'S CERTIFICATION: 1 certify the ma	: (972) 718	on this manifest are not			eporting prop	er dispos	.,	****	
AND THE REAL PROPERTY OF THE P	16.	Approval Code - ECBW-01  Generator Emergency Phone	: (972) 718				eporting prop	er dispos	sal of Hazardoi Month	us Wast	e. Year
		Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material content of the certification of the certi	: (972) 718 aterials described above	on this manifest are not			eporting prop	er dispos	.,	****	
		Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Materials Acknowledgement of Receipt of Receipt of Materials Acknowledgement of Receipt o	: (972) 718 aterials described above	on this manifest are not.			eporting prop	er dispos	Month	Day ,	Year
		Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material content of the certification of the certi	: (972) 718 aterials described above	on this manifest are not			eporting prop	er dispos	.,	****	
	17.	Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material of the printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material of Typed Name	: (972) 718 aterials described above	on this manifest are not.			eporting prop	er dispos	Month	Day ,	Year
	17.	Approval Code - ECBW-01  Generator Energency Phone:  GENERATOR'S CERTIFICATION: I certify the material of the printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material of the printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Material of the printed/Typed Name	: (972) 718 aterials described above	on this manifest are not.  Signature  Signature			eporting prop	er dispos	Month  Month	Day Day	Year Year
	17.	Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material of the printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material of Typed Name	: (972) 718 aterials described above	on this manifest are not.			eporting prop	er dispos	Month	Day ,	Year
→ CCZ0nOchwc	17.	Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material Printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Material Printed/Typed Name	: (972) 718 aterials described above	on this manifest are not.  Signature  Signature			eporting prop	er dispos	Month  Month	Day Day	Year Year
	17.	Approval Code - ECBW-01  Generator Energency Phone:  GENERATOR'S CERTIFICATION: I certify the material of the printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material of the printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Material of the printed/Typed Name	: (972) 718 aterials described above	on this manifest are not.  Signature  Signature			eporting prop	er dispos	Month  Month	Day Day	Year Year
TRANSPORTER	17.	Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material Printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Material Printed/Typed Name	: (972) 718 aterials described above	on this manifest are not.  Signature  Signature			eporting prop	er dispos	Month  Month	Day Day	Year Year
TRANSPORTER	17.	Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material Printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Material Printed/Typed Name	: (972) 718 aterials described above	on this manifest are not.  Signature  Signature			eporting prop	er dispos	Month  Month	Day Day	Year Year
TRANSPORTER	17.	Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material Printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Material Printed/Typed Name	terials	on this manifest are not.  Signature  Signature  Signature	subject to federal regul	ations for r	eporting prop	er dispos	Month  Month	Day Day	Year Year
TRANSPORTER FACILIT	17.	Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material of the printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material of the Printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Material of the Printed/Typed Name  Discrepancy Indication Space	terials	on this manifest are not.  Signature  Signature  Signature	subject to federal regul	ations for r	eporting prop	er dispos	Month  Month	Day Day	Year Year
TRANSPORTER	17.	Approval Code - ECBW-01  Generator Emergency Phone:  GENERATOR'S CERTIFICATION: I certify the material of the printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Material of the Printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Material of the Printed/Typed Name  Discrepancy Indication Space	terials	on this manifest are not.  Signature  Signature  Signature	subject to federal regul	ations for r	eporting prop	er dispos	Month  Month	Day Day	Year Year

ROM

#### Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002

Arrived on job A.M. / P.M.	MECHANIC	HELPER	DATE	
Left job A.M. / P.M.			12/3 163	3
JOB NAME Blue water	)(	OB PHONE		
ADDRESS				
CITY			☐ LATE NIGH ☐ SUNDAY	. 1
Cit			☐ HOLIDAY	
BILL TO		PHONE		
ADDRESS			T	
			□ NEW □ REFERBAL	
			☐ REPEAT	
		- II		
PUMPING		<del></del>		
MOA hozonowa Con	Town in			
CHEMICALS				
		***************************************		
LINE CLEANING Have \$408	O			
SINK TUB TOILET 4 147/ 34 68				
LABOR 127.1 24.0 0	and Miller Copperation	-		
OTHER	8,2007			
VIII CONT				
	S	UB TOTAL		
Purchaser shall provide access to job site. It shall be the ob		TAX		
of the Purchaser to inform the Service Company of any all below ground or hidden perils. The Seller shall not be resp		TOTAL		
for damage above or below ground to property or hidden	perils.	ATE DAID		
Signor assumes liability representatively and personally f ment of contract amount.	o. pay	ATE PAID HECK NO.		
	_	MT. REC'D.		
NET 10 DAYS, 1/1/16 Service Charge per Month on Overdue A		CASH SM.C.	UVISA ULEFT	BILL
OFFICE A TOP CIONED OF	A TERRENIT			
GENERATOR SIGNED ST		owner, or us	er, of the Individu	ual
Sewage Disposal Facility (septic tank/leaching facilities)	located at ti	ne address o	f the invoice and	đ:
(1). That the facilities to be pumped contain only sanitary a the Suffolk County Department of Health or the Nassau				
system pumped by a licensed industrial hauler. That neit				
employ have added any chemical solvent waste or indust pumped and that I make this Statement knowing that the v	vaste will be	disposed of	at a Municipal Se	ap-
tage Treatment Facility and that in the event that any chany kind have been added, legal action may be underta	emical solve	int waste or	industrial waste	of
against any or all parties involved.	-			
"I, hereby affirm under penalty of perjury that information my knowledge and belief. False statements made herein as				
suant to Section 210.45 of the Penal Law".	- parasiaun	, u	gadingand p	
<u></u>	Customer's	Signatura	Data.	
,	.ustumer S	orgina tura	Date	

(Fo	n de	nnt or type signed for use on elite (12-pitch) typewriter.)								
r		NON-HAZARDOUS 1. Generator's US EP.	A ID No.	Manifest Doc. No.	2. Page	1	1	1 / /		
		WASTE MANIFEST		NH-005	of	1/1	10 1	16		
h	3	Generator's Name and Mailing Address / Site Location		1 2122 000			rainian amakan	42		
A	0.	GTE Operations Support Incorporated			Stat	e Trai	asno:	rter's	Tn#	
		140 Cantiague Rock Rd., Hickeville, NY	•		22 St. C. N. B.	1A-4		2 6-42 E 63	10. SP W	
						134	+00			
	4.	Generator's Phone ( 516 ) 932-9157								
	5.	Transporter 1 Company Name 6.	US EPA ID N	umber	A. Trans	porter's Ph	one			
		Blue Water Environmental, Inc.			(	(631)	752-	2145		
	7	Transporter 2 Company Name 8.	US EPA ID N		R Trans	sporter's Pl	hone		************	
	1	Transportor & company reams			D. Hand	ponter o 11	110110			£111
	9.	Designated Facility Name and Site Address 10.	US EPA ID N	umber	C. Facili	ty's Phone				
		Earthcare Company of New York								
		972 Nicolls Rd.			(63	11) 580	5-00	02		
		Deer Park, NY 11729								
	4 4				·	12. Conta	iners	13.		14.
Ш	11.	Waste Shipping Name and Description						Total		Unit
						No.	Type	Quantity		Wt/Vol
	a.				and the second					
		Non Hazardous Waste Solids - N816			and the same of th					
					CLUM-DATE OF THE PARTY OF THE P				.	
G	b.									
G E N E										
N					ALTERNATION AND ADDRESS OF THE PARTY OF THE		,			
R							ANNUAL PROPERTY AND DESCRIPTION OF THE PROPERTY AND DESCRIPTIO			
A T O	C.				4			ALC: OCCUPANT DE LA COMPANY DE		
o					1					
R									·	
	d.	t:								
			· ·							
П				- ( )			,			
	n	Additional Descriptions for Materials Listed Above			E Hand	ling Codes	for Mai	stes Listed At	2010	
	D.	Additional Descriptions for Materials Listed Above			L. Hallo	ing codes	IOI VVai	oigo Fioled Ar	ove	
П										
	4.5	Charles Unnelling Instructions and Additional Information			<u> </u>					
	15.	Special Handling Instructions and Additional Information								
		Approval Code - ECBW-01								
	-	16. 4P								
		Generator Emergency Phone: (972) 718-	-AROA - 1a	an Appertn	.114					
		generator pmerkency inone, (3/7) /10-	4000 - 05	m ugostm	GAAA					
				i ·						
П				<del></del>						
	16.	GENERATOR'S CERTIFICATION: I certify the materials described above of	on this manifest are not so	ibject fo federal regula	ations for re	porting prop	er dispo	sal of Hazardo	us Wast	te.
		Printed/Typed Name	Signature	- Kode				Month	Day	Year
A		to the telephone	1, 4	KARAGA -						
4	17	Transporter 1 Acknowledgement of Receipt of Materials		an and the second s	1		en o Autoparen na la responsación estos	encressentaliniseriere musique d	LANGE CONTRACTOR	
Ŗ		Printed/Typed Name	Signature /	<del>/                                    </del>	<del>- f</del>			Month	Day	Year
Ŋ		Timedityped Name	Orginature /	$(I \cap I)$	<i>P</i>				Day	, rear
) P	-			<del></del>			************			-
P	18.	Transporter 2 Acknowledgement of Receipt of Materials								
TRANSPORTER		Printed/Typed Name	Signature					Month	Day	Year
R					neoranamon makerimon ne ~~		vice and a contract of a contr		Managaran Managaran	
	19.	Discrepancy Indication Space								
F										
A										
1	-	E-III-OOII-O-III-II-II-II-II-II-I			40					
L	20.	Facility Owner or Operator: Certification of receipt of waste materials cov	rered by this manifest of	except as noted in It	em 19.					
Y				<u> </u>	<i>g</i> ë					
•		Printed/Typed Name	Signature					Month	Day	Year
		Charles Suck/		1 Saland				121	3	103

# 30)

Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002

Arrived on job	HELPER	DATE
Leftjob	JOB PHONE	272185
Dive waters tours tol		
ADDRESS		☐ LATE NIGHT
CITY		☐ SUNDAY ☐ HOLIDAY
BILL TO	PHONE	
ADDRESS		□ NEW
		☐ REFERRAL ☐ REPEAT
PUMPING		
- Company of the Company		
CHEMICALS Nya Harm Continuent of Gent		
LINE CLEANING Heyer 77180		
SINK TUB TOILET 6.080		
LABOR 134 41106	<b> </b>	
OTHER		
	+	
	SUB TOTAL	
Purchaser shall provide access to job site. It shall be the obligation	TAX	
of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible	TOTAL	
for damage above or below ground to property or hidden perils.  Signor assumes liability representatively and personally for pay-	DATE PAID	
ment of contract amount.	CHECK NO	
NET 10 DAYS, 11/2% Service Charge per Month on Overdue Accounts.	AMT. REC'D.	O VISA O LEFT BI
***		D MAR CELLIA
GENERATOR SIGNED STATEMEN  I,, hereby affirm that I am t		an af sha ladinidna
Sewage Disposal Facility (septic tank/leaching facilities) located a (1). That the facilities to be pumped contain only sanitary sewage; (the Suffolk County Department of Health or the Nassau County I system pumped by a licensed industrial hauler, That neither I nor employ have added any chemical solvent waste or industrial wast pumped and that I make this Statement knowing that the waste will tage Treatment Facility and that in the event that any chemical sany kind have been added, legal action may be undertaken by against any or all parties involved.  'I, hereby affirm under penalty of perjury that information provided my knowledge and belief. False statements made herein are punishs suant to Section 210.45 of the Penal Law''.	t the address of 2). That I have ropertment of I any person in the soft eny kind to be disposed of livent waste or the appropriate to this form is	f the invoice and: not been notified by Health to have this my family or in my to the facility to be at a Municipal Sep industrial waste o ragulatory agency
Customer	's Signature	Date

1007 Long Island Avenue 1007 Long Island Avenue 3)24 3)29 Deer Park, NY 11729 Deer Park, NY 11729 (631) 667-5040 (631) 667-5040 CUSTOMER NAME: CUSTOMER NAME: ID#: 926 ID#: 938 09:31:38 11:17:11 Mon 02/03/03 Mon 02/03/03 36080 Wt. (IN) 77180 Wt. (IN) 11:17:29 09:31:46 Mon 02/03/03 Mon 02/03/03 77180 Gross 36080 Gross 77180 Tare 36080 Tare 0 Net 0 Net Thank you for your scrap Thank you for your scrap HAVE A NICE DAY!! HAVE A NICE DAY!! MATERIAL: MATERIAL: REMARKS: **REMARKS:** 

MID ISLAND SALVAGE CORP.

TICKET

MID DEAND SALVAGE COM.

**TICKET** 

Ple (Fo	ase p rm de	orint or type esigned for use on elite (12-pitch) typewriter.)											
	8"	-NON-HAZARDOUS	1. Generator's US EPA ID	No.	Manifest Doc. No.	2. Page	1	1					
		WASTE MANIFEST			NH-006	of	2/1	1 /	23				
A	3.	Generalor o Marine and Maring Address	te Location		aman (finance) and the state of the same and an accordate to the state of the same and an accordance		7	7	is a second seco				
T		GTE Operations Support In	-			Sta			rter's I	D∜			
		140 Cantiague Rock Rd., H	icksville, NY				1A=4	100					
	4.	Generator's Phone (516) 932-9	157										
	5.	Transporter 1 Company Name	· 6.	US EPA ID	Number	A. Tran	sporter's Ph	ione					
		Blue Water Environmental					(631)	752-2	2145				
	7.	Transporter 2 Company Name	8.	US EPA ID		B. Tran	sporter's P	hone					
			No.			4.000	•						
	9.	Designated Facility Name and Site Address	10.	US EPA ID		C. Faci	lity's Phone						
		,	The second secon				•						
Ш		Earthcare Company of New				(6:	31) 580	5-00(	)2				
		972 Nicolls Rd.	1										
	44	Deer Park, NY 11729  . Waste Shipping Name and Description				J	12. Conta	iners	13.	14.			
		. Waste Shipping Name and Description					No.	Type	Total Quantity	Unit Wt/Vol			
	-						140.	Турс	Graniny	1440.401			
	a.	tion that the same of the same	The state of the state of										
	and the same of	Non Hazardous Waste Solid	5 - NS16										
GENER	b.												
N													
Ŕ	-								SOCIAL VIII III III III III III III III III I				
A	C.												
O R	-												
lï	-	9,							panionista de la companya de la comp				
	d.			er e e F									
Ш				*			and the second	4					
	-	Additional Descriptions for Materials Listed Above	^			TE Han	dling Codes	for Mas	tes Listed Abo	210			
	10.	Additional Descriptions for Materials Listed Abov	e			L. Hall	uning Godes	IOI AAGG	stea Liated ADC	, ve			
Ш													
	15	5. Special Handling Instructions and Additional Info	rmation										
		Approval Code - ECBW-01											
П		the supplier and a second contraction of the supplier and and supplier and a supp											
		Generator Emergency Phone	· (972) 718_A8	MA 12	an Acostin	a114							
Ш		the control of the section of the se	(),2),120,40	/ W W W W W	228	90							
Ш				,	7								
	16	6. GENERATOR'S CERTIFICATION: I certify the r	naterials described above on the	is manifest are not	subject to federal regul	ations for r	enortina oror	er disnos	al of Hazardous	Waste			
	-	Printed/Typed Name		Signature	7		opening proje			Day Year			
V		from film 1111.	a de la Companya de l	1.1	- 1 1 M 120	j.							
ļ.,	17	7. Transporter 1 Acknowledgement of Receipt of N	atoriale	lucere recommunicación de la continuación de la con									
Ŕ		Printed/Typed Name	aralidia	Signature	77777				Month	Day Year			
Ñ		Filmted/Typed Name		Signature		. %			wonar	Day rear			
P	10	3. Transporter 2 Acknowledgement of Receipt of N				<u> </u>				·i			
TRANSPORTER	10	Printed/Typed Name	words	Signature					Month	Day Year			
Ė		Timew Typeu Waitie		Jighalure						Day rear			
H	-	). Discrepancy Indication Space	PP. Variables and additional and the control of the second and an extension of the second and the second and t		oraniones o los IIII III de la companione	CONTROL OF THE PARTY OF THE PAR	alidalariik (1979) ili Tara araadaa (1979)	MICHAEL CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT					
	15	л. Бізыгерансу іншеалогі эрасе											
F													
A													
L	-	Cooling Owner or Operator Continue to a continue of	at africate materials accord	of has this man-if:	ovant as sets d : - 1	tom 10		and the second second second					
1	20	). Facility Owner or Operator: Certification of recei	л от waste materials covere	u uy uus manifest	except as noted in f	еш 19.							
Ϋ́	-	Duinted (Type of NI		Cionet						Day 1			
	1	Printed/Typed Name		Signature					Month	Day Year			
	1	$ (h_{\ell} \times h_{\ell})$ Sec											

#### JOB WORK ORDER

Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002

	Arrived on job Left job		MECHANIC	HELPER	DATE //
JOB NAME		of the state of th		JOB PHONE	~ / 3 /93
ADDRESS	$\frac{\mathcal{O}(\mathcal{O}_{i_0})}{\mathcal{O}_{i_0}} = \mathcal{O}_{i_0}$	1122 111	<u> VA 79</u>		
CITY					☐ LATE NIGHT☐ SUNDAY☐ HOLIDAY
BILL TO				PHONE	
ADDRESS					□ NEW
					REFERRAL REPEAT
PUMPIN	G	2	ž		
	1	8 4 <b>0</b> 6 7 7	ery el		
CHEMIC	ALS (3A	Tunk to A Su	<u>/</u>		
LINE CL	EANING		711777		
	B TOILET	1 dears	<u> </u>		
LABOR		1.71	76700	und I	
OTHER			<del> </del>		
			***************************************		
				SUB TOTAL	
		s to job site. It shall be		TAX	
below gr	ound or hidden perils	e Service Company o s. The Seller shall not	be responsible	TOTAL	
for damage above or below ground to property or hidden perils.  Signor assumes liability representatively and personally for payment of contract amount.  DATE PAID  CHECK NO.					
1.07 1A 6	LAVE THAT FLOOR			AMT. REC'D.	
MELIUL	IATO. 17279 Service CI	harge per Month on Ov	erque Accounts.	UCASH UM.E.	□ VISA □ LEFT BIL
		GENERATOR SIGN			r, of the Individual
(1). That the Suffe system p employ h pumped tage Trea any kind against a "1, hereb my know	the facilities to be public County Departm jumped by a license lave added any cher and that I make this atment Facility and I have been added, ny or all parties inver y affirm under penal	ptic tank/leaching fac umped contain only as ent of Health or the indi- d industrial hauler. The facilities statement waste of Statement knowing the that in the event that legal action may be plyed. Ity of perjury that info- se statements made h	ilities) located a nitary sewage; (. lassau County E last neither I nor industrial wast at the waste will any chemical so undertaken by to rmation provided	t the address of 2). That I have n Department of H any person in n es of any kind to be disposed of a livent waste or i the appropriate I on this form is-	the invoice and: ot been notified by lealth to have this ny family or in any othe facility to be at a Municipal Sep- ndustrial waste of regulatory agency true to the best of
		· · · · · · · · · · · · · · · · · · ·	Customer	's Signature	Date

FAC I.D. # 7002738	FAC I.D. # 7002738
MID ISLAND SALVAGE CORP.  1007 Long Island Avenue  Deer Park, NY 11729  (631) 667-5040	MID ISLAND SALVAGE CORP.  1007 Long Island Avenue  Deer Park, NY 11729  (631) 667-5040
CUSTOMER NAME:	CUSTOMER NAME:
ID#: 926 O9:31:38 Mon 02/03/03 36080 Wt. (IN)	ID#: 924 08:55:11 Mon 02/03/03 74220 Wt. (IN)
09:31:46 Mon 02/03/03 36080 Gross 36080 Tare 0 Net Thank you for your scrae HAVE A NICE DAY!!	08:55:17 Mon 02/03/03 74220 Gross 74220 Tare 0 Net Thank you for your scrap HAUE A NICE DAY!!
MATERIAL:	MATERIAL:
REMARKS:	REMARKS:

Pię (Fo	ase m r	orint or type e⊌gned for use on elite (12-pitch) typewriter.)											
1	T	NON-HAZARDOUS	1. Generator's US	S EPA ID No.	Manifest Doc. No.	2. Page	9.1						
		WASTE MANIFEST			NH-007	of							
١.	2	Generator's Name and Mailing Address	<u> </u>					******************			***************************************		
A	3.					C+	te Tra	n ones	propriet to				
	45	GTE Operations Support 140 Cantiague Rock Ro	i licoppo				IA-40		LLUL D				
		Generator's Phone (516 ) 932–915		LLAS, RL		IDT	LA-4U	V					
	-		f										
	5.	Transporter 1 Company Name	*	6. US EPA ID N	lumber		sporter's Pl		**				
		Blue Water Environmental	Inc.				31-752		<u> </u>				
	7.	Transporter 2 Company Name		8. US EPA ID N	lumber	B. Trar	sporter's P	hone					
						or o							
	9.	Designated Facility Name and Site Address		10. US EPA ID N	lumber	C. Faci	lity's Phone						
	-	Earthcare Company of New	York										
		972 Nicolls Road				63	1-586-	0002					
		Deer Park, NY 11729											
	1.	. Waste Shipping Name and Description					12. Conta	ainers	13. Total		14.		
	-						No.	Туре	Quantity		Unit Wt/Vol		
	a.		***************************************						***************************************	- 1	~~		
		Non Hazardous Waste Solie	ls - N816										
	b.			an a di didiriny anno antana mandrad 9007 na antana antana <u>digipanya antana antana ya popuna antana antana daga digipanya antana a</u>	<u> </u>						MANAGEMENT DE		
G E N	] "												
NE													
ER	-										and the second section of the section of t		
A T O	C.												
O R													
l i	-						-				and the same and the latest things of		
	d.									- 4			
		R.		a de la companya de l	i.								
	-	Additional Descriptions for Materials Listed Abov				T= 11	dia a Cada	L	to a Linter of All		ETOTA NATIONAL PROPERTY OF THE PARTY OF THE		
	ט	Additional Descriptions for Materials Listed Abov	B			E. Han	aling Codes	ior was	stes Listed At	oove			
		Approval Code = ECBW-01											
		Generator Emergency Phone	e: 972-718	-4806 Jean A	ugostintel	i.			_				
	15	<ol><li>Special Handling Instructions and Additional Info</li></ol>	rmation										
		Approval Code - ECBN - 0	L										
	Transaction (Inc.)												
		Generator Emergendy Phone	a: (972)	718-4806 Jea	n Agostine	Lli							
Ш													
				1. 8	100								
	16	6. GENERATOR'S CERTIFICATION: I certify the m	aterials described ab	ove on this manifest are not si	bject to federal regula	ations for r	eporting proc	er dispo	sal of Hazardoi	ıs Wastı	е.		
		Printed/Typed Name /		Signature /	A 28 (821A				Month	Day	Year		
₩	13	+ FLA LANGUE			WV = V								
Ť	1	7. Transporter 1 Acknowledgement of Receipt of M	aterials			NAMES OF THE OWNER, TH	ningwallactory in the second				L		
Ŗ	-	Printed/Typed Name	ateriais	Signature			<u></u>		A do make	Davi	Vees		
Ñ		Timed Typed Name		Signature	Zalana da				Month .	Day	Year .		
Š	1	3. Transporter 2 Acknowledgement of Receipt of M	ntariala								L		
Ř	10	Printed/Typed Name	ateriais	To:					8.4				
RANSPORTER		rimed/Typed Name		Signature					Month	Day	Year		
H	-		Maria Angariya di silah Andrik Karagaya melikin kalan baraya yang asalah di Andrik mengang silah sebagai sebagai silah sebagai	in the AMM in common to the order in passar and a contract to the contract of the contract to			iridiyyyaasaanaini riyyyaasaasaaniiriiy	upamenté tourne		***************************************	<u> </u>		
	119	Discrepancy Indication Space											
F													
AC													
	-												
L	1	). Facility Owner or Operator: Certification of receip	t of waste material	s covered by this manifest of	except as noted in It	em 19.							
Ϋ́													
		Printed/Typed Name		Signature		j			Month	Day	Year		
L	1.000	TRACEY UNIO UN		1/200	Side of Samuel St.					<u> </u>			
٤.		NULL I KELLED & ASSOCIATES INC		Y()0P"	all the second								

Printed by J. J. KELLER & ASSOCIATES, INC. Neenah, WI 54957-0368

GENERATOR'S COPY

12-BLS-C5 Rev. 12/98



## Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002

Arrived on job A.M. / P.M.	MECHANIC	HELPER	DATE
Left job A.M. / P.M.			R117
DOB NAME RICE CAUSATER		JOB PHONE	
ADDRESS			
CITY			☐ LATE NIGHT ☐ SUNDAY
CHY			☐ HOLIDAY
BILL TO		PHONE	
ADDRESS		***************************************	□ NEW
			REFERRAL REPEAT
PUMPING		I	
non haz - cont	Charles.	(6.)	
CHEMICALS			
Line CLEANING			
SINK TUB TOILET Security 800-47	)		
LABOR A STATE	<del>/</del>	1	
OTHER	and the second		
	A STATE OF THE STA		
	Carl Carl		
<u> </u>			
		SUB TOTAL	
Purchaser shall provide access to job site. It shall be the ob		TAX	
of the Purchaser to inform the Service Company of any a below ground or hidden perils. The Seller shall not be resp		TOTAL	
for damage above or below ground to property or hidder Signor assumes liability representatively and personally to	n perils.	DATE PAID	
ment of contract amount.	o. pay	CHECK NO.	**************************************
		AMT. REC'D.	**************************************
NET 10 DAYS, 11/2% Service Charge per Month on Overdue A	ccounts.	CASH IM.C.	. 🗆 VISA 🗆 LEFT BILI
GENERATOR SIGNED ST	ATEMENT	-	
			er, of the Individual
Sewage Disposal Facility (septic tank/leaching facilities) (1). That the facilities to be pumped contain only sanitary at the Suffolk County Department of Health or the Nassau system pumped by a licensed industrial hauler. That neit employ have added any chemical solvent waste or indust pumped and that I make this Statement knowing that the vage Treatment Facility and that in the event that any chany kind have been added, legal action may be undertuagainst any or all parties involved.  "I, hereby affirm under penalty of perjury that information my knowledge and belief. False statements made herein as suant to Section 210.45 of the Penal Law".	ewage; (2 County Do her I nor a trial waste waste will t emical solvaken by the provided re punishal	). That I have in partment of I into person in its sof any kind to disposed of yent waste or the appropriate on this form is ble as a Class A	not been notified by Health to have this my family or in my to the facility to be at a Municipal Sep- industrial waste of regulatory agency true to the best of A misdemeanor pur-
	Customer's	Signature	Date

Island Avenue 10(0) 3924 Ger. ark, NY 11729 (631) 667-5040 **CUSTOMER NAME:** ID#: 926 09:31:38 Mon 02/03/03 36080 Wt. (IN) 09:31:46 Mon 02/03/03 36080 Gross 36080 Tare 0 Wet Thank you for your scrap HAUE A NICE DAY!! MATERIAL: REMARKS:

MID ISLAMD SALVAGE CORP.

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue Deer Park, NY 11729 (631) 667-5040

3)54

TICKET

CUSTOMER NAME:

TICKET

ID#: 966 08:45:32 Tue 02/04/03 80040 Wf. (IN)

08:45:39 Tue 02/04/03 80040 Gross 79780 Tare 260 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

Ple	ase i	orinf or type esigned for use on elite (12-pitch) typewriter.)											
r		NON-HAZARDOUS	1. Generator's US EP	A ID No.	Manifest Doc. No.	2. Page	1						
		WASTE MANIFEST	The state of the s		NH-008	of							
-	3	Generator's Name and Mailing Address Size											
M		GTE Operations Supp	ort Incorpor	ated									
		140 Cantiague Rock	Rd., Hicksvi	Ile, NY		St	ate Tr	ansp	orter's				
	4.	Generator's Phone ( )		•		ID# 1A-400							
	5	Transporter 1 Company Name	6.	US EPA ID N	lumber	A Tran	sporter's Ph	one					
		Blue Water Environs				1	11-752-		¥				
	7	Transporter 2 Company Name	8.	US EPA ID N			sporter's P						
		The state of the s	1										
	9	Designated Facility Name and Site Address	10.	OPPHLOUGH CONTRACTOR C		C Fac	lity's Phone						
				00 = 7 (10 )			, 0 1 110110						
П		Earthcare Company of New 972 Nicholls Road	IVIA			631-586-0002							
		Deer Park, NY 11729	annoand .			-	t was a	, 0, 0, ev					
	111	. Waste Shipping Name and Description		ille hirkeessa saan sakka riiki mittaasa maasaa sakka kikki kiriki kaasaa saan sakki ilikki kaas		<u> </u>	12. Conta	ainers	13,	14.			
П	1 '	. Waste Ompping Name and 2000mpilon					No.	Туре	Total Quantity	Unit Wt/Vol			
	a.												
П	"	Non <b>9Hazard</b> ous Waste Soli	As - NA16										
П		The transfer the transfer to the property of t											
	b.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
G E N													
E R													
R	C.	the second secon	1 1 1 1 1 1										
A T O			3		y								
Ř													
	d.				***************************************								
	D	Additional Descriptions for Materials Listed Above	g			E. Han	dling Codes	for Was	stes Listed Abov	re			
П													
	-					<u></u>							
	15	<ol> <li>Special Handling Instructions and Additional Info</li> </ol>	mauon										
		Approval Code - ECBW - 0	1										
		*** ***		1000		: *							
		Generator Emergency Phos	ie - 9/2-/18-	-4800 - Jean	Agostinell	.l							
					7								
	-				<del>/                                    </del>		~						
	16	G. GENERATOR'S CERTIFICATION: I certify the m	aterials described above of	<del></del>	ubject to federal regula	tions for t	eporting prop	er dispos					
		Printed/Typed Name		Signature	H WH				Month D	ay Year			
7	14	M- Auding	сости <del>не на косто на С</del> остроне в на население на Невория на население и на на на население на на население на население на на население на на на на на население на на на на		11.5	7.11.17.14.17.14.14.14.14.14.14.14.14.14.14.14.14.14.	00000000000000000000000000000000000000			<u> </u>			
Ā	17	7. Transporter 1 Acknowledgement of Receipt of M	atenals	Lai					ent a militar est en				
A		Printed/Typed Name		Signature	and the second of the second o				Month D	ay Year			
TRANSPORTER	-												
R	18	Transporter 2 Acknowledgement of Receipt of M.	aterials	Ta:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
E		Printed/Typed Name		Signature					Month D	lay Year			
LB	-	A Picara and a state of the sta	annun kinarinin – Palvytanan anno o ankohi Miratanan annininin kihi Miratanan anninin kihi Miratanan annin anni		осни пача візній «Пейную шона непознання ій Нашине почто ««««Нійдая		mannethinkanarannetra et et et egyar	contract out to foreguests					
	119	Discrepancy Indication Space											
F													
A C													
1	-								; .				
	1	). Facility Owner or Operator: Certification of receip	ot of waste materials cov	vered by this manifest of	except as noted in It	em 19.							
Y				And the state of t		r r							
		Printed/Typed Name		Signature	yele terr			Q	Month D	ay Year			
1		Trace, Delaw			<u> </u>					1/			
8													



### Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002

ADDRESS    LATE NIGHT   SUNDAY   HOLIDAY		A.M./P.M.	MECHANIC	HELPER	DATE
CHEMICALS  LINE CLEANING SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts. CASH   M.C.   VISA   LEFT E.    GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the awner, or user, of the Individue.	Left job  JOB NAME			JOB PHONE	
CHEMICALS  LINE CLEANING SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts. CASH   M.C.   VISA   LEFT E.    GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the awner, or user, of the Individue.					
DILL TO PHONE  ADDRESS    NEW   REFERRAL   REPEAT    REPEAT    PUMPING    CHEMICALS    LINE CLEANING   SINK TUB TOILET    LABOR   OTHER    Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.    NET 10 DAYS. 1/2/% Service Charge per Month on Overdue Accounts.   AMT. REC'D.   CASH   M.C.   VISA   LIEFTE   CASH   CASH   M.	ADDRESS				☐ LATE NIGHT
PUMPING  CHEMICALS  LINE CLEANING  SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 11/2% Service Charge per Month on Overdue Accounts. CASH M.C. VISA DEFTER GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.	CITY				
PUMPING  CHEMICALS  LINE CLEANING  SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 11/2% Service Charge per Month on Overdue Accounts. CASH M.C. VISA DEFTER GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.	BILL TO			PHONE	L
PUMPING  CHEMICALS  LINE CLEANING  SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 11/2% Service Charge per Month on Overdue Accounts.  GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue					
PUMPING  CHEMICALS  LINE CLEANING  SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 11/2% Service Charge per Month on Overdue Accounts.  GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the pwner, or user, of the Individue.	ADDRESS				□ NEW
CHEMICALS  LINE CLEANING  SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1½% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.					
CHEMICALS  LINE CLEANING  SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1½% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.	0.11401310				<del></del>
LINE CLEANING  SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.					
LINE CLEANING  SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.	CHEMICALS				
SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.	CHEMICALS		***************************************		
SINK TUB TOILET  LABOR  OTHER  Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.	LINE CLEANING				
Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 11/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue		19 1 08 V	<u></u>		
Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.					
Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue			$\Theta$	<del>3 \                                   </del>	
Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.	OTTEN.		<u></u>		
Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.			7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.					
of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.  GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.			***************************************	SUB TOTAL	
below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.  NET 10 DAYS, 1½% Service Charge per Month on Overdue Accounts.  GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue.	Purchaser shall provide	e access to job site. It shall be the	ne obligation	TAX	
for damage above or below ground to property or hidden perils.  Signor assumes liability representatively and personally for payment of contract amount.  CHECK MO.  AMT. REC'D.  MET 10 DAYS. 11/2% Service Charge per Month on Overdue Accounts. CASH M.C. VISA LEFTE  GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue	of the Purchaser to int	form the Service Company of a	ny above or	TOTAL	
MET 10 DAYS, 11/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individue	for damage above or	below ground to property or h	idden perils.	DATE PAID	
NET 10 DAYS. 1/2% Service Charge per Month on Overdue Accounts.   GENERATOR SIGNED STATEMENT  I, hereby affirm that I am the owner, or user, of the Individu			any for pay-		
GENERATOR SIGNED STATEMENT  I,, hereby affirm that I am the owner, or user, of the Individu	common transfer and the second	a well to a 2 well			
i,, hereby affirm that I am the owner, or user, of the Individu	NET 10 DAYS. 11/2% Se	rvice Charge per Month on Over	due Accounts.	□ CASH □ M.C.	O VISA O LEFT B
Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and	I, Disposal Faci				
(1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified b					
the Suffolk County Department of Health or the Nassau County Department of Health to have th	employ have added ar	ny chemical solvent waste or it	ndustrial wast	es of any kind t	o the facility to b
the Suffolk County Department of Health or the Nassau County Department of Health to have the system pumped by a licensed industrial hauler. That neither I nor any person in my family or in memploy have added any chemical solvent waste or industrial wastes of any kind to the facility to the system.	pumped and that I mai	te this Statement knowing that	the waste will	be disposed of	at a Municipal Sep
the Suffolk County Department of Health or the Nassau County Department of Health to have the system pumped by a licensed industrial hauler. That neither I nor any person in my family or in memploy have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Sej	any kind have been a	idded, legal action may be un			
the Suffolk County Department of Health or the Nassau County Department of Health to have the system pumped by a licensed industrial hauler. That neither I nor any person in my family or in memploy have added any chemical solvent waste or industrial wastes of any kind to the facility to pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Selege Treatment Facility and that in the event that any chemical solvent waste or industrial waste any kind have been added, legal action may be undertaken by the appropriate regulatory agence.	"I, hereby affirm under my knowledge and bel	r penalty of perjury that inform ief. False statements made her	ation provided ein are punish	on this form is	true to the best o
the Suffolk County Department of Health or the Nassau County Department of Health to have the system pumped by a licensed industrial hauler. That neither I nor any person in my family or in memploy have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Setage Treatment Facility and that in the event that any chemical solvent waste or industrial waster any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.  "I, hereby affirm under penalty of perjury that information provided on this form is true to the best my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pure statements."	suant to Section 210.	.45 of the Penal Law".	and the second	d view view	
the Suffolk County Department of Health or the Nassau County Department of Health to have the system pumped by a licensed industrial hauler. That neither I nor any person in my family or in memploy have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Setage Treatment Facility and that in the event that any chemical solvent waste or industrial waste any kind have been added, legal action may be undertaken by the appropriate regulatory agent against any or all parties involved.  'I, hereby affirm under penalty of perjury that information provided on this form is true to the best of the system.			Customer	's Signature	Date

1007 L	ND SALVAGE CORP.  TICKET  ong Island Avenue  Park, NY 11729  3 ) 60  3 ) 607-5040	MID ISLAND SALVAGE CORP.  100 Island Avenue  C at ark, NY 11729  (631) 667-5040  CUSTOMER NAME:	3)24
ID#: 977 13:43:47 Tue 02/04/03 72920 Wt.	(IN)	ID#: 926 09:31:38 Mon 02/03/03 96080 Wt. (IN)	
13:43:53 Tue 02/04/03 72920 Gross 72940 Tare -20 Net Thank you for		09:31:46 Mon 02/03/03 36080 Gross 36080 Tare 0 Net Thank you for your scrap	
HAVE A NICE DA	*		•
		MATERIAL:	
MATERIAL:  REMARKS:		REMARKS:	

Plea (For	se pi	rint or type signed for use on elite (12-pitch) typewrifer.)										
ei.		NON-HAZARDOUS WASTE MANIFEST	1. Generator's US EPA		Manifest Doc. No. NH-009	2. Page of	e 1					
A	3.		Location			-						
		GTE Operations Supp 140 Cantiague Rock	ort Incorpora Rd., Hicksvil	ted le, NY		1	ate Tr	and the	orter's			
	4.	Generator's Phone ( 516 ) 932-915	7									
	5.	Transporter 1 Company Name Riue Water Environmental	6. Inc.   .	US EPA ID I		A. Transporter's Phone 631-752-2145						
	7.	Transporter 2 Company Name	8.	US EPA ID I	Number	B. Trar	nsporter's P	hone				
	9.	Designated Facility Name and Site Address	10.	US EPA ID I		C. Faci	ility's Phone					
		Earthcare Company of New 972 Micholls Road	York			6	31-586	-000	2			
Ш		Deer Park, NY 11729										
	11.	. Waste Shipping Name and Description	200000000000000000000000000000000000000				12. Conta	ainers	13. Total		14. Unit	
							No.	Type	Quantity	1	Wt/Voi	
	a.	Non-Hazardous Waste Soli	is - N816									
GEZER	b.									do		
R	C.								***************************************			
A T O R	0.			t e			NAME OF THE PARTY					
	d.										TO STATE OF THE ST	
							<u> </u>					
	D.	Additional Descriptions for Materials Listed Abov	e			E. Han	dling Codes	for Was	stes Listed Ab	ove		
	15.	. Special Handling Instructions and Additional Info	rmation									
		Approval Code - ECBW - 0										
		Generator Emergency Phon	a - 972-718-4	806 Jean A	gostinelli							
				A	//							
	16	. GENERATOR'S CERTIFICATION: I certify the n	naterials described above or	n this manifest are not s	ubject to federal regula	ations for r	eporting prop	er dispos	sal of Hazardou	s Wastı	е.	
		Printed/Typed Name		Signature	They have				Month	Day	Year	
A	$\Delta$	ME LAKON						and the second s			<u> L.</u>	
Ŗ	17.	. Transporter 1 Acknowledgement of Receipt of M	aterials	01-11-1-1-1-1					* * * * * * * * * * * * * * * * * * * *			
N N		Printed/Typed Name		Signature	and the state of t				Month	Day	Year	
PO	18.	. Transporter 2 Acknowledgement of Receipt of M	aterials			amarana arabbi (wamana					-	
TRANSPORTER		Printed/Typed Name		Signature	ggyp yddyddiad ai'i ddiadau y gymyr ylyd y glydd ai'i ai'i diad yr yr yr ylyd y gyng y y ylyd y glyddiadau y diad y llyn y y y y y y y y y y y y y y y y				Month	Day	Year	
Ë	19	. Discrepancy Indication Space	gCuptuaCharlamana (1904) ay gyynyyddydd yr araf Chiffyr y byddygaeldd yr CCCCCC (1906) y gyynydd yr gollanach (1904)						manifesti manifesti antisti antista antisti an	Martin Marin (Marin Marin Mari	James	
F												
A												
1	20	. Facility Owner or Operator: Certification of receip	nt of waste materials cover	ered by this manifest	excent as noted in the	em 10	name julijah Perlamanan perjah jih perjah menandak sa			AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS		
LITY	۷.۷		. or waste materials cove	- ou by the mainest	onospi ao notoa iii R	13.						
1		Printed/Typed Name		Signature	< ;				Month	Day	Year	
L		RACEY Salamone		1 1200			4	_	Qk	4		
		y J. J. KELLER & ASSOCIATES, INC. WI 54957-0368						12-	BLS-C5 R	lev. 1	12/98	

GENERATOR'S COPY



### Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002

	Arrived on job Left job		MECHANIC	HELPER	DATE	
JOB NAME		<u> </u>		JOB PHONE	12.	
ADDRESS	Rice				☐ LATE NIGHT	r
CITY					- HOLIDAY	
BILL TO		, and a state of the state of t		PHONE		
ADDRESS					□ NEW	_
					REFERRAL REPEAT	
PUMPIN	G					
CHEMIC	ALS			4, 4		_
		( ( <u>a</u> -2	7	C-501		
LINE CL	EANING	ant IV	120			
SINK TU	B TOILET	2 A A \CLI				
LABOR	-		<u> </u>			
OTHER			<u> 1939 </u>			
	<u> </u>	Jacob !	<u> </u>			
-	<b>*</b>		<u> </u>	Marie Control of the Control		
		<u> </u>	<u> </u>	<u> </u>		
		111		SUB TOTAL		
		s to job site. It shall be t		TAX		
below gre	ound or hidden perils	e Service Company of a s. The Seller shall not be	responsible	TOTAL		
Signor as		ground to property or hesentatively and person		DATE PAID CHECK NO		
NETTO	VAVE 11/.04 5	narge per Month on Over	den Annesen	AMT. REC'D.	O VISA O LEFT B	
1724 BJ S	eren was 17270 State Village (S.)	2 ,		□ CASH □ M.C.	C FISH C LEFT 0	49 <b>L</b>
		GENERATOR SIGNE			or, of the Individu	اد
(1). That the Suffc system p employ h pumped a tage Trea any kind against a "I, hereb my know	the facilities to be public County Department of the county Department of the county Department of the county Department Facility and the county Department Facility and the county and parties involved affirm under penal	ptic tank/leaching facilit umped contain only sanit ent of Health or the Na: d industrial hauler, That nical solvent waste or in Statement knowing that that in the event that an legal action may be un olved. ity of perjury that inform se statements made here	ties) located a tary sewage; (2 ssau County E t neither I nor ndustrial wast the waste will ny chemical so dertaken by t ation provided ein are punisha	t the address of 2). That I have n 2) epartment of H any person in n es of any kind to be disposed of alvent waste or in the appropriate I on this form is able as a Class A	the invoice and: ot been notified b lealth to have th ny family or in m o the facility to b at a Municipal Se industrial waste or regulatory agenc true to the best of	: of of
		10000000000000000000000000000000000000	Customer	's Signature	Date	

FAC I.D. # 7002738  MID ISLAND SALVAGE CORP.  100 Island Avenue  1 Sand Avenue  (631) 667-5040	MID ISLAND SALVAGE CORP.  1007 Long Island Avenue  Deer Park, NY 11729  (631) 667-5040	3)5°
CUSTOMER NAME:	CUSTOMER NAME:	e bill
ID#: 926 09:31:38 Mon 02/03/03 36080 Wt. (IN)	ID## 972 11=13=24 Tue 02/04/03 74980 Wt. (IN)	# 6 8
09:31:46 Mon 02/03/03 36080 Gross 36080 Tare 0 Net Thank you for your scrap HAVE A NICE DAY!!	11:13:29 Tue 02/04/03 74980 Gross 75000 Tare -20 Net Thank you for your scrap HAVE A NICE DAY!!	
MATERIAL:	MATERIAL:	
REMARKS:	REMARKS:	74

# RGM

JOB WORK ORDER

Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002

Arrived on job	HELPER	V DATE	62
JOB NAME:	SOB PHONE	27-9/	
ADDRESS	316-7	Joh "	
140 Contiague Lock RD		- LATE	
HICKSVILLE MY.		☐ HOLI	
BILL TO BIGGERATER	PHONE		
ADDRESS		D NEW	
		☐ REFE	
PUMPING	1		
$\Delta [ ] $	46		
CHEMICALS IVON-FIA	,		
Solis	15		
LINE CLEANING SOO			
SINK TUB TOILET			
LABOR COEIGIT TICKS			
OTHER			
	SUB TOTAL		1
Purchaser shall provide access to job site. It shall be the obligation	TAX		
of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible	TOTAL		
for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.	DATE PAID _		
ment of contract amount,	CHECK NO		
NET 10 DAYS. 11/2% Service Charge per Month on Overdue Accounts.	AMT. REC'D.	C. UVISA	C LEFT BIL
CENERATOR CICNER STATEMEN	· ·	*	
GENERATOR SIGNED STATEMEN  I,, hereby affirm that I am ti		ser, of the In	dividual
Sewage Disposal Facility (septic tank/leaching facilities) located a (1). That the facilities to be pumped contain only sanitary sewage; it he Suffolk County Department of Health or the Nassau County Department of Health or the Nassau County Department pumped by a licensed industrial hauler. That neither I nor employ have added any chemical solvent waste or industrial wast pumped and that I make this Statement knowing that the waste will tage Treatment Facility and that In the event that any chemical so any kind have been added, legal action may be undertaken by tagainst any or all parties involved.  "I, hereby affirm under penalty of perjury that information provided my knowledge and belief. False statements made herein are funished suant to Section 210.45 of the Penal Law".	2). That I have bepartment of any person in es of any kind be disposed o lvent waste o the appropriat	not been no Health to h my family ( to the facili of at a Munici ir industrial v e regulatory	tified by ave this or in my ty to be pal Sepvaste of agency
( A)	5 Olano (100)	D-4-	
Carromer	s Signature	Date	

	v state of the sta							
	NON-HAZARDOUS WASTE MANIFEST	Generator's US EPA ID		Manifest Doc. No.	2. Page 1 of	WSI	540	
1	3. Generator's Name and Mailing Address / Sit GTE Operations Support				State 7		ter's ID#	
	140 Cantiague Rock Rd.	, Hicksville,	NY		1	A-053	cer s id	
	<ul><li>4. Generator's Phone (516) 932-9157</li><li>5. Transporter 1 Company Name</li></ul>	6.	US EPA ID I	Number	A. Transporte	r's Phone		
	Waste Management of Long I					352-74	166	
	7. Transporter 2 Company Name	8. 	US EPA ID I	Number	B. Transporte	r's Phone		
	9. Designated Facility Name and Site Address	10.	US EPA ID I		C. Facility's P	hone	+ Z	
	Earthcare Company of New Y 972 Nicolls Rd.	ork			(631) 5	86-0002	2	
	Deer Park, NY 11729	<u> </u>						
	11. Waste Shipping Name and Description			•	12. No	Containers  Type	13. Total Quantity	14. Unit Wt/Vol
	a. Non Hazardous Waste Solids	s - N816	-				15 1	
	b. / ′					·   ·	1349	
GEN	U.							
E R A T	C.							<del> </del>
0	<b>v</b> .			•				
R	d.					·   ·		-
	D. Additional Descriptions for Materials Listed Abov	е			E. Handling C	Codes for Was	stes Listed Above	1
١	·							
					The state of the s			
	15. Special Handling Instructions and Additional Info	rmation				A	-	
	Approval Code - ECBW-01							
	Generator Emergency Phone	: (972) 718-48	306 <b>-</b> Jean	n Agostinel	1 <b>i</b>		•	
			1	1		**		
	16. GENERATOR'S CERTIFICATION: I certify the r	naterials described above on t	nis manifest accord	bioject to jederal regu	lations for reportir	ng proper dispe	sal of Hazardous Wa	aste.
	Printed/Typed Name		Signatur	11 /112			Month Day	
I	17. Transporter 1 Acknowledgement of Receipt of M	/ / C Nathrials	I VIJOS)	Mary	·	· · · · · · · · · · · · · · · · · · ·	1/-21/-/	<u> </u>
RAN	Printed/Typed Name Rothenba		Signature	Kent	1		Month Day	Year
S P Q	18. Transporter 2 Acknowledgement of Receipt of	•			1		1/210	106
RANSPORTER	Printed Typed Name PROM TRUMPE	į.	Signature	Nach	Z		Month Day	Year
<b> </b>	19. Discrepancy Indication Space			7 6			1/21/2	
F			-	_				
FAC						·		
1 1 1	20. Facility Owner or Operator: Certification of rece	ipt of waste materials cover	red by this manifes	st except as noted in	Item 19.			
	Printed/Typed Name	and a	Signature	·	Selan	<b>€</b>	Month Da	y Year
	A STATE OF THE STA	w co 7.4		7				
		ORIGINAL – RE	ETURN TO O	ENERATOR				

₩ M 1007 De	AND SALVAGE CORF Long Island Avenue er Park, NY 11729 631) 667-5040	TICKET 1893
CUSTOMER NAME:	5m	
ID#: 327 13:13:58 Thu 12/12/02 72900 Wt. 13:14:04 Thu 12/12/02 72900 Gross 72900 Tare 0 Net	(IN)	
Thank you fo		After concession and
HAUE A NICE	——————————————————————————————————————	And the second s

E REMARKS:

4357) MIE	D ISLAND SALVAGE CO 1007 Long Island Avenue Deer Park, NY 11729 (631) 667-5040	RP. TICKET  1896
CUSTOMER NAME:	RGM	
ID#: 13: <b>45:0</b> Tnu 12/ 3538		· ·
13 <b>:</b> 45:1 Thu 12/ 35330 G 35380 T: O Net	12/02 ross	
Thank s	ou for your scrap	
HAVE A I	NICE DAY!!	
MATERIAL:		1870
REMARKS:		

FAC I.D. # 7002738

(Fo	m d	orint or type esigned for use on elite (12-pitch) typewriter.)								
П		NON-HAZARDOUS	1. Generator's US	EPA ID No.	Manifest Doc. No.		1	1		
		WASTE MANIFEST	<u> </u>		NH-003	of		R/O	123	
A	3.		te Locatio	n				ě.		
		GTE Operations Support Inc	_			Stat			rter's ID#	-
		140 Cantiague Rock Rd., Hi Generator's Phone (516) 932-91		NY			1A-	400		
	ļ									
	5.	Transporter 1 Company Name		6. US EPA ID N	Number	į	sporter's Pt		01/5	
	-7	Blue Water Environmental, Transporter 2 Company Name	Inc.	8. US EPA ID 1		ļ	(631)		2143	***************************************
	/ .	Transporter 2 Company Name				D. Han	sporter's P	none		
	a	Designated Facility Name and Site Address		10. US EPA ID I		C Faci	lity's Phone			
	0.			10. 00 21 7 10 1	variour	O. Taci	nty 3 i none	•		
		Earthcare Company of New Y	ork			(6:	31) 58	6-000	02	
		972 Nicolls Rd.		* * * * * * *	H V 4 5 9		,			
	11	Deer Park, NY 11729  . Waste Shipping Name and Description		Employees (1999) 1997 1997 1997 1997 1997 1997 1997			12. Conta	ainers	13.	14.
							No.	Туре	Total Quantity	Unit Wt/Vol
	a.									4
		Non Hazardous Waste Solids	s - N816						15 Y	1692
	_							<u> </u>		
Ģ	b.									***************************************
GENER	-									
R	-					~		ļ <u>.</u>		
A	C.									
O R	-						, .			
ŀ	d.									
	J								wa a a a a a a a a a a a a a a a a a a	
ľ							, .			
	D.	Additional Descriptions for Materials Listed Abov	9			E. Hand	dling Codes	for Was	stes Listed Above	
										1
li										
	15	5. Special Handling Instructions and Additional Info	rmation			1				
		Approval Code - ECBW-01								and the state of t
		Inpproved code nobwor								
		Generator Emergency Phone:	(972) 71	18-4806 - Je	an Agos <b>ti</b> ne	211i				
		<u> </u>								
				$\mathcal{A}$	// /)					
	16	6. GENERATOR'S CERTIFICATION: I certify the m	aterials described abo	ove on this manifest are not	ubject to federal regula	itions for r	eporting prop	per dispos	sal of Hazardous Wa	iste.
		Printed/Typed Name	_	Signature	Mally	1			Month Day	Year
1	DOESTIMON	11-6.20019		<u> </u>	VARA 1				1-21/0	7104
Ā	17	7. Transporter 1 Acknowledgement of Receipt of M	aterials		11/	7/1				
Ň		Printed/Typed Name		Signature	W/1				Month Day	Year (1.)
SP	40	Transporter & Advanta deservation	atariala			<u> </u>			16-160	N X
Ř	12	Transporter 2 Acknowledgement of Receipt of M     Printed/Typed Name	ateriais	Cianation					Manth D-	V
RANSPORTER		Printed/Typed Name		Signature					Month Day	Year
Ë	15	Discrepancy Indication Space	examinativ consistence of the control of the contro			and the second s				
FA										
A C I									van announce and an announce of the second o	
Ļ	20	Facility Owner or Operator: Certification of receip	t of waste materials	s covered by this manifest	except as noted in It	em 19.				
Ť										
1	Accessored to	Printed/Typed Name		Signature	<u> </u>	0	4		Month Day	Year
L		racey Dalam	122	J-Hu	u Sa		~~~		112110	0.3

2.5				3				SO KIN TENS			
	V	incor:			Her \						
59	a q	'NON-HAZARDOUS 1. Generator's U WASTE MANIFEST	JS EPA ID N	lo.	Manifest Doc. No.	2. Page	1	.7 /			eBeta.
-	3.	Generator's Name and Mailing Address / Site Locatio	n ·		1, 2,42			5/			
1		GTE Operations Support Incorpor	ated		1	Sta			cter's	ID#	ř
		140 Cantiague Rock Rd., Hickevi	lle, N	Y			1A-	053			
	4.	Generator's Phone (516) 932-9157									
	5.	Transporter 1 Company Name	6.	US EPA ID	Number		sporter's P				
		Waste Management of Long Island	<u> </u>	<del></del>			516) 3		100		
		Transporter 2 Company Name	8.	US EPA ID	Number	B. Tran	sporter's F	hone	· (*		1 m
	9.	Designated Facility Name and Site Address	10.	US EPA ID	Number	C. Façi	lity's Phone	•		*	
		Earthcare Company of New York 972 Nicolls Rd.				(63	1) 586	-000:	2		
		Deer Park, NY 11729	l		1						
	_	. Waste Shipping Name and Description	<u> </u>			1	12. Cont	ainers	13.	—-т	14.
	' '	. Waste Snipping Name and Description					No.	Type	Total Quantity	,	Unit Wt/Vol
	a.							7,50	<u> </u>		
		Non Hazardous Waste Solids - N816	•								,
G	b.										
GEN		4									
E R						The second se		·			į.
A T O	c.		1 6		` )	· ·	and T				1
ó			4	7	₩*			,			
R	<del> -</del>			`.			ļ	<del>                                     </del>			
	.d.			, , , <u>, , , , , , , , , , , , , , , , </u>	Section 1	,	3				ĺ
		and the state of t		4	g of As a few	أليب					
	D.	Additional Descriptions for Materials Listed Above	<u> </u>	-	f.	E. Han	dling Codes	for Was	stes Listed At	oove	
		4					5				
		$\mathcal{O}_{\mathcal{O}}$									
										-	
-	15	. Special Handling Instructions and Additional Information			*.						
		Approval Code - ECBW-01						,			
		whitever code - PCPM-OI									
		Generator Emergency Phone: (972) 7	118-480	6 - Jea	n Avastinal	11					
		variable and gold, thouse (2,2)	10 400								
		•	······································		<i></i>	•	·				
	16	GENERATOR'S CERTIFICATION: I certify the materials described a	above on this	manifest are no	t subject to federal regu	lations for	reporting pro	per dispo	sal of Hazardo	us Wast	te.
		Printed/Typed Name/		Signature					Month	Day	Year
۲	-	1 Carlotte Marine								11.1	11. >-
R	17	7. Transporter 1 Acknowledgement of Receipt of Materials	: 1	<u> </u>		····			*		
RANSPORTER		Printed/Typed Name	•	Signature		An armity in a			Month .	Day	Year
P	18	Transporter 2 Acknowledgement of Receipt of Materials	L							L	.l
Ř		Printed/Typed Name		Signature		<del></del>			Month	Day	Year
E		,,		ū						•	
	19	Discrepancy Indication Space									
١.				· %	4.1						
F	.										
0	-										
L I T Y	17	D. Facility Owner or Operator: Certification of receipt of waste materi	ials covered	by this manife	st except as noted in	Item 19.					İ
Ý	一	Printed/Typed Name	-	Signature		1			Mopth	Day!	Year
7.27		Trace, Likimone	- Parameter	J. F. Com	24 15	to see that	- 1 - 1		1		
					10		A Common				
		TANKER SUFFICIENCY			<i>'</i> /			1/2	Pice Ge	Rev	(9/9)
			T/S/	D/F COPY	•						

Ple (Fo	ase print or type rm designed for use on elite (12-pitch) typewriter.)								
	NON-HAZARDOUS WASTE MANIFEST	Generator's US EPA		Manifest Doc. No. NH-003	2. Page of		e /o	123	
A		te Location				-	đ		
IT	GTE Operations Support Inc	*			Stat			cter's I	D#
	140 Cantiague Rock Rd., Hi	cksville, NY				1A-4	400		
	4. Generator's Phone (516) 932-91	57							f i
	5. Transporter 1 Company Name	6,	US EPA ID N	lumber	A. Trans	porter's Ph	none		
	Blue Water Environmental,	Inc.			(	631) 7	752-2	2145	
	7. Transporter 2 Company Name	8.	US EPA ID N	lumber	B. Trans	porter's P	hone		
			T K . K .		Ì				
	9. Designated Facility Name and Site Address	10.	US EPA ID N	lumber	C. Facilit	y's Phone			
	Footbase Comment of New Y	·1.							
	Earthcare Company of New Y	ork			(63	1) 586	5-000	)2	
	972 Nicolls Rd.	ECCONOMINA DE LA CONTRACTOR DE LA CONTRA			,				
	Deer Park, NY 11729  11. Waste Shipping Name and Description	A	etti eri erneksionatusi suutususususususus Printiminatationat on kunsusus Printimin konneysiä.	organica d <del>e l'organica de</del> productiva de la colonia de la	* T	12. Conta	ainers	13.	14.
	The Video Shipping Hante and Dosonphon					No.	Туре	Total Quantity	Unit Wt/Vol
	a.			***************************************					
Ш		27016						1 -	ha Lgz
П	Non Hazardous Waste Solids	- N816						,	( ] [
	b.		geria de la como de al mante de la compagna que la como de la compagna que que que en el encomencia de la comp	angan kanggan pinembera sebahasi manang angang paggan peneruhan angan angan pagan paggan paggan paggan paggan				and my character (days to be considered to the c	
E					***************************************				
NE					-				
GENERATO	C.			THE PROPERTY OF THE PROPERTY O		reary, was yellfullioned alliance.			
Î	C.								
R									
1	d.							management of the following special process and the	
	· ·								
Ш					T. C.	!			
Ш	D. Additional Descriptions for Materials Listed Above	}			E. Handl	ina Codes	for Was	ites Listed Abo	ve
						,			
			The sum who had been depended in the State State State of the discussion of the state of the sta		<u></u>				
	15. Special Handling Instructions and Additional Infor	mation							
П									
Ш	Approval Code - ECBW-01								
	Generator Emergency Phone:	(972) 718-4	806 <b>-</b> Je	an Agostine	e11i				
				1					
	-			7. / )				Granden - The Control of the Control	
	16. GENERATOR'S CERTIFICATION: I certify the m	aterials described above on	this manifest are not s	bject to federal egula	ations for rep	porting prop	er dispo	sal of Hazardous	Waste.
	Printed/Typed Name		Signature ///	Malle	i a			Month	Day Year
¥	TI-E-WOULS	f W	UYU	L Wer				14.2/	( 20)
Ţ	17. Transporter 1 Acknowledgement of Receipt of Vice	aterials	, p		2 1				
TRANSPORTER	Printed/Typed Name		Signaturè 1	11/1/				Month	Day Year
ş	10N WM 17U				۵	or communications and the first state of the		121	0 02
Įğ	18. Transporter 2 Acknowledgement of Receipt of Ma	aterials	/						
ĮÏ	Printed/Typed Name		Signature					Month	Day Year
Ē					and the second second	NAMES OF THE PARTY			
	19. Discrepancy Indication Space								
١_				•					
FAC									0.000
Ç								ranganian (***Princip Strathourann), and a stratage ***	
L	20. Facility Owner or Operator: Certification of receip	t of waste materials cove	red by this manifest	except as noted in It	em 19.				
۱¦			-						
Υ			Signature	and the second				Month	Day Year
	Tracey Salami	$\sim \mathcal{P}$	- Red 2	<u> 24 So</u>	Lu	mend		11.21	i o ko
L_	1 1	111		my more	err *400***				

Plea (Fo	ise p	irint or type asigned for use on elile (12-pitch) typewriter.)					3.5						
		NON-HAZARDOUS	1. Generator's US	S EPA ID No.		Manifest Doc. No.	1		1				
		WASTE MANIFEST	<u> </u>			NH-003	of		R/c	123			
<b>A</b>	3.	Generator's Name and Mailing Address / Si GTE Operations Support Inc		on			Ctat	Two		mtomio II	\JL		
		140 Cantiague Rock Rd., Hi		NY			Stai	ا – 1A	_	rter's II	)1/		
	4.	Generator's Phone (516) 932–91		11.1				171	400				
	5.	Transporter 1 Company Name		6.	US EPA ID No	umber	A. Tran	sporter's Pt	none				
		Blue Water Environmental,	Inc.	<u> </u>			4	(631)		2145			
	7.	Transporter 2 Company Name	1	1	US EPA ID Nu		B. Tran	sporter's P	hone				
	9. Designated Facility Name and Site Address 10. US EPA ID Number C. Fa							ity's Phone					
A GEZHÉATOR 2	Earthcare Company of New York 972 Nicolls Rd. (6							31) 58	5-00	02			
8		Deer Park, NY 11729 Waste Shipping Name and Description		1			1	12. Conta	ainers	13.	14.		
								No.	Туре	Total Quantity	Unit Wt/Vol		
	a.										1		
		Non Hazardous Waste Solids	- N816							15 Y	ards		
l G	b.					Principal and the second se							
GENER													
R,								• •	•		_		
A T O	C.												
R													
	d.												
* *													
	D,	Additional Descriptions for Materials Listed Above	9				E. Hand	. Handling Codes for Wastes Listed Above					
18													
ł													
	15	Special Handling Instructions and Additional Info	motion										
	15.	Special Harming Histractions and Additional Info	manon		*								
		Approval Code - ECBW-01							74				
			(0.70) 71		_								
		Generator Emergency Phone:	(9/2) /1	18-4806	– Jea	n Agostine	2111						
					N	( )							
	16.	GENERATOR'S CERTIFICATION: I certify the m	aterials described abo	ove on this mar	nifest are not sub	pject to federal egula	ations for re	eporting prop	er dispo	sal of Hazardous \	Vaste.		
		Printed/Typed Name  Lucium	<u>C</u>	Sign	nature //	Value	1			Month D	ay Year		
Ţ	17.	Transporter 1 Acknowledgement of Receipt of			~ ~ ~		2 12	·····			VIV		
RAZSPORTER		Printed/Typed Name		Sign	naturè	W/				Month D	) v2		
PO	18.	Transporter 2 Acknowledgement of Receipt of Ma	aterials										
RT E		Printed/Typed Name		Sigi	nature					Month D	ay Year		
H K	19.	Discrepancy Indication Space											
_		process of management of the second											
FAC-													
Į.	20.	Facility Owner or Operator: Certification of receip	t of waste materials	s covered by	this manifest ex	xcept as noted in It	em 19.	*		,			
I T Y	L												
<b>的</b> 图 Y	,			1									

ECBW-01

			75F					
NON-HAZARDOUS WASTE MANIFEST	1. Generator's US EPA II	D No.	MH-003	2. Page of		$x^y \int_{-\infty}^{\infty}$	1 110	्र भूति (
3. Generator's Name and Mailing Address / St GTR Operations Support Inc	ite Location			Sta	ta Tra	r DSDOI	ter's	TD#
140 Cantiague Rock Rd., H					14-		%: 1	
4. Generator's Phone ( 516 ) 932-9	157	and the control of th				· · · · · · · · · · · · · · · · · · ·		
5. Transporter 1 Company Name  Blue Water Environmental,	6.	US EPA ID N			sporter's Pi		2145	
7. Transporter 2 Company Name	8.	US EPA ID N			sporter's F			er en en er er en er
		,						
9. Designated Facility Name and Site Address	10.	US EPA ID N	ımber	C. Faci	ity's Phone		• * * * * * * * * * * * * * * * * * * *	
Harthcare Company of New 1 972 Micolls Rd.	York	<b>-</b>	•	(6	31) 58	6-00	)2	
Deer Park, NY 11729				L	-			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11. Waste Shipping Name and Description					12. Cont		13. Total	14. Uni
a.			<u> </u>		<i>f</i> 140.	Тур <u>е</u>	Quantity	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Non Hazardous Waste Solid	s - N816	•	***	1		*	15	ya (c
			,		•			
					2			
		3						
<b>c.</b>		,/		1 4				
	1					,		
d	Santagan di dikanan dari dari dari dari dari dari dari dari	not the time of	Sa The September of the A	i Sanfi Lag		4	and the second	
D. Additional Descriptions for Materials Listed Abov	/8			E. Han	dling Code	s for Wa	stes Listed A	bove !
					: * . ایزاد			
					* .			
15. Special Handling Instructions and Additional Info	ormation	, 	***************************************	<u></u>	1			
The Contract of the Act			,					
Approval Code - ECBW-01	· ·					1		
Generator Emergency Phone	: (972) 718-4		· · Amamein	~114		D		
	• (3/2) /10-4	<u> </u>	n Agostin	ETTT				
			<i>f</i> _/		<u> </u>			
16. GENERATOR'S CERTIFICATION: I certify the r	naterials described above on	this manifest are not st	bject to federal /egul	ations for	reporting pro	per dispo		
H. L. Linder	6	Signality	1 Jako			in English	Month.	Day Ye
17. Transporter 1 Acknowledgement of Receipt of A	Aterials			2 3				
. Printed/Typed Name	1.47	Signature	11/1	J.	\$	a second	Month	Day Ye
18. Transporter 2 Acknowledgement of Receipt of N	Materials		10	<del>}</del>			, y 1, -x	
Printed/Typed Name		Signature			14.33		Month	Day Ye
19 Discrepancy Indication Space				into inter- Materia				
19. Discrepancy Indication Space								
			10 पर्य		205 V			1
		and have the same of the						
L 20. Facility Owner or Operator: Certification of rece	ipt of waste materials cove	red by this manifest	except as noted in	item 19.		1	an egyfyf ei C	arc C
Printed/Typed Name		Signature		0		d	. Month	Day Ye
	2006		rey Di		Sir was 19	1	1 *	196
	T/	S/D/F COPY		(K) (K)			1.0	<u> المحمد المحمد الم</u>

A STATE OF THE STA

## RGM

**JOB WORK ORDER** 

#### Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002

156626

Arrived on job A. M. / P.M.  Left job A. M. / P.M.	C HELPER	DATE /
JOB NAME SUF COROLONIS S	JOB PHONE	1
ADDRESS (anlique bock nd		☐ LATE NIGHT
HILLTO HICKS VI 118		☐ HOLIDAY
ADDRESS UP WOLF ENVIRONMENT	C PHONE	752-2145
1610 New Hohnay		□ NEW □ REFERRAL
farmingdale W	11235	REPEAT
PUMPING		
	<u> </u>	
CHEMICALS	<u> </u>	
LINE CLEANING		
SINK TUB TOILET		
LABOR		
OTHER		
	SUB TOTAL	
Purchaser shall provide access to job site. It shall be the obligation	TAX	
of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible	TOTAL	
for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for pay-	DATE PAID	
ment of contract amount,	CHECK NO	
NET 10 DAYS, 11/2% Service Charge per Month on Overdue Accounts.	AMT. REC'D CASH  ☐ M.C.	O VISA D LEFT BILL
^	-	

GENERATOR SIGNED STATEMENT

, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:

(1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler, That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Septage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.

"I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signatura

Date

Date

# Liquid Waste Removal an EarthCare Company 972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002	156	626	
Arrived on job A.M. / P.M. MECHANIC	HELPER	DATE /	7
Leftjob	JOB PHONE		4
GWE Operations &	1017 -	10	
ADDRESS O Cantagul rock and		LATE NIGHT	
CITY HICKSVILLE		☐ HOLIDAY	I
BILL TO SIDE WATER EN WORMONTO	PHONE C	157-21115	/
ADDRESS TO THE TOTAL PROPERTY OF THE PROPERTY	1 6/1 /	D NEW	7
Coloredo Algunay	NOF	REFERRAL D REPEAT	
tarning dant 100	(1)		۷
PUMPING /			
CHEMICALS			
CHEMICALS		<del></del>	_
LINE CLEANING			
SINK TUB TOILET			
LABOR			
OTHER			
			_
	SUB TOTAL		
Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for pay-			-
ment of contract amount.	CHECK NO		
NET 10 DAYS, 11/2% Service Charge per Month on Overdue Accounts.	AMT. REC'D M.C.	O VISA O LEFT 8	IIL
GENERATOR SIGNED STATEMENT, hereby affirm that I am the Sewage Disposal Facility (septic tank/leaching facilities) located at (1). That the facilities to be pumped contain only sanitary sewage; (2) the Suffolk County Department of Health or the Nassau County Department of Health or	the owner, or use the address of J. That I have no epartment of Heavy person in no s of any kind to be disposed of a vent waste or ine appropriate on this form is	the invoice and: of been notified b lealth to have th my family or in m o the facility to b at a Municipal Sel ndustrial waste or regulatory agence true to the best of	is is p- of